

ABSTRACT

In India the number of patient with diabetes increase in alarming rate .Non healing diabetic foot ulcer are common cause of amputation.characteristic pathological changes attributed to autonomic and sensory neuropathy, often combined with vascular diseases, lead to a high risk situation for the person with diabetes. Persons who have had such pathology and experience trauma or infection are at high risk for developing ulceration of the foot or ankle. Ppecoraro et al documented the causal pathway of an amputation and found that in 81%of cases faulty wound healing contributed to amputation .Health care practitioner should utilize wound treatments that can reduce the rate of faulty wound healing, thus preventing amputations. The rate of amputation for people with diabetesis 10 times higher than for people without diabetes.

The goal of diabetic foot ulcer treatment is to obtain wound closure as expeditiously as possible Accepted therapeutic objectives and standards of care for diabetic foot ulcer include wound debridement pressure relief in the wound area ,appropriate wound management , infection management, ischemia management, medical management of comorbidities, and surgical management as needed.

Emerging cellular therapies such as platelet rich plasma(PRP)can have an adjunctive role in a standardized, quality treatment plan.

Platelet releasates, including multiple growth factors, has been used to treat wounds since 1985. In vivo prospective controlled studies as well as retrospective and cost effectiveness studies documenting the effect of this therapy have been published. In 2001, Margolis published a retrospective study on use of platelet rich plasma (PRP) in diabetic foot. The result suggest that platelet rich plasma with standardized care was most effective than standard care alone.